

IMMEDIATE ELIGIBILITY FORM

What Is the Purpose of This Form?

The purpose of this form is to determine whether a child entering the custody of Tennessee’s Department of Children’s Services (DCS) is eligible for immediate access to TennCareSM benefits. This form is to be filled out by a DCS representative. It must be completed in full and faxed to: SelectKids Unit at 1-800-330-2842. Need help? Call 1-800-451-9147.

Date of DCS Custody: _____

☐ Youth Development Center

PART 1: DCS Health Advocate Rep Information

Name: _____ Phone Number: _____

Fax Number: _____

Address: (Street/City/State/ZIP) _____

PART 2: Child/Applicant Information

Social Security number: _____ Name: _____

Primary Language: _____

Race:

☐ Black/African-American

☐ American Indian

☐ Native Hawaiian

☐ White

☐ Alaskan Native

☐ Other Pacific Islander

☐ Unavailable/Unknown

☐ Asian

☐ Decline

Is the child/applicant Hispanic/Latino? ☐ Yes ☐ No

Date of Birth: _____ Sex: ☐ Female ☐ Male

County of Commitment: _____ County of Placement: _____

PART 3:

For Case Management, please call **1-888-416-3025**.

PART 4: Provider and Other Insurance Information

Primary Care Provider of Choice: _____ Provider Number: _____

Other Insurance (besides TennCare): ☐ Yes ☐ No

Name of Insurance Carrier: _____ Effective Date: _____

Name of Policy Holder: _____ ID Number: _____

CERTIFICATION: I certify that the information on this form is true and correct to the best knowledge of DCS. I understand that the eligibility must still be processed through the Child Benefit Worker. The Bureau of TennCare determines the eligibility.

Signature: _____ Date: _____

(month/day/year)